

PATENT

Applicant: Maltan et al.

Serial No.: 10/675,375

Filing Date: September 30, 2003

Title: Cochlear Implant Sound Processor
With Permanently Integrated
Replenishable Power Source

Group Art Unit: 3766

Examiner: Malamud

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Respectfully submitted,

January 31, 2008
Date

/Craig A. Slavin/
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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**
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HENRICKS SLAVIN AND HOLMES, LLP
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/675,375	09/30/2003	Albert A. Maltan	0158-031 (05-00628-02)	6859

TITLE OF INVENTION: COCHLEAR IMPLANT SOUND PROCESSOR WITH PERMANENTLY INTEGRATED REPLENISHABLE POWER SOURCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/29/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
MALAMUD, DEBORAH LESLIE	3766	607-057000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Henricks, Slavin</u> 2 <u>& Holmes LLP</u> 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Advanced Bionics, LLC

Valencia, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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Date Jan. 31, 2008

Typed or printed name Craig A. Slavin

Registration No. 35,362

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